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CONFIRMATION NO. 3642

<b>SERIAL NUMBER</b> 10/719,633	<b>FILING OR 371(c) DATE</b> 11/21/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> 50450-8032.US02
<b>APPLICANTS</b> Patrick L. Iversen, Corvallis, OR;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/726,774 11/29/2000 PAT 6,677,153 which claims benefit of 60/168,150 11/29/1999 <b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 34  <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22918				
<b>TITLE</b> Antisense antibacterial method and composition				
<b>FILING FEE RECEIVED</b> 511	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	